

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |   |   |                 |          |   |   |    |   |   |   |   |
|---|---|---|-----------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6/2/05</u>                      |   | 2 Serial/Patent # <u>10/578552</u>  |                 |          |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED | 6 AMOUNT |   |   |    |   |   |   |   |
|   | Filing  |   |                 | \$       |   |   |    |   |   |   |   |
|   | Amendment                                       |   |                 | \$       |   |   |    |   |   |   |   |
|   | Extension of Time                               |   |                 | \$       |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal                         |   |                 | \$       |   |   |    |   |   |   |   |
|   | Petition  |   |                 | \$       |   |   |    |   |   |   |   |
|   | Issue   |   |                 | \$       |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc.               |   |                 | \$       |   |   |    |   |   |   |   |
|   | Maintenance                                     |   |                 | \$       |   |   |    |   |   |   |   |
|   | Assignment                                      |   |                 | \$       |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Other <u>Search fee adjustment</u>              |   |                 | \$ 100   |   |   |    |   |   |   |   |
|   |   | 7 TOTAL AMOUNT<br>OF REFUND   |                 | \$ 100   |   |   |    |   |   |   |   |
| 10 REASON:  |   | 8 TO BE REFUNDED BY:  |                 |          |   |   |    |   |   |   |   |
|   | <input checked="" type="checkbox"/> Overpayment | Treasury Check  |                 |          |   |   |    |   |   |   |   |
|   | Duplicate Payment                               | Credit Deposit A/C #:   |                 |          |   |   |    |   |   |   |   |
|   | No Fee Due (Explanation):                       | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">8</td></tr></table> |                 |          | 0 | 2 | -- | 2 | 4 | 4 | 8 |
| 0   | 2   | --  | 2               | 4        | 4 | 8 |    |   |   |   |   |
|   |   |   |                 |          |   |   |    |   |   |   |   |
|   |   |   |                 |          |   |   |    |   |   |   |   |
|   |   |   |                 |          |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |   |   |                 |          |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Kaya Lewis (Baltimore)</u>     |   | TITLE: <u>Paralegal</u>   |                 |          |   |   |    |   |   |   |   |
| SIGNATURE: <u>Kaya Lewis</u>                          |   | PHONE: <u>(703) 308-9140</u><br><u>ext 202</u>  |                 |          |   |   |    |   |   |   |   |
| OFFICE: <u>DO/ED</u>                                  |   |   |                 |          |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |   |   |                 |          |   |   |    |   |   |   |   |
| APPROVED: _____                                       |   | DATE: _____   |                 |          |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*